



Atty. Docket No.: 3284/1235

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Habener, et al.  
Serial No.: 09/963,875  
Filed: September 26, 2001  
Entitled: Stem Cells of the Islets of Langerhans  
and their Use in Treating Diabetes  
Mellitus

Examiner: M.A. Belyavskyi

Group Art Unit: 1644

Conf. No.: 9674

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8a**

I hereby certify that this correspondence (and any paper or fee referred to as being enclosed) is being deposited with the United States Post Office as First Class Mail on the date indicated below in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kathleen Williams

Name of Person Mailing Paper

Signature of Person Mailing Paper

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

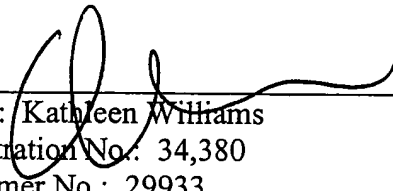
**STATEMENT REGARDING COMMON OWNERSHIP**

Dear Sir:

Applicants submit that the inventors of the instant application and the inventors of the WO 01/39784 reference cited in the Office Action dated December 23, 2003, were, at the time each of the inventions were made, subject to an obligation of assignment to The General Hospital Corporation.

Respectfully submitted,

Date: June 21, 2004

  
Name: Kathleen Williams  
Registration No.: 34,380  
Customer No.: 29933  
Palmer & Dodge LLP  
111 Huntington Avenue  
Boston, MA 02199-7613  
Tel: 617-239-0100



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Katie Manzione

Name of Person Mailing Paper

*Katie Manzione*  
Signature of Person Mailing Paper

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Enclosed for filing in the above-identified patent application, please find the following documents:

1. Amendment and Response to Final Office Action mailed December 2, 2004;
2. Amendment Transmittal Letter;
3. Copy of Statement Regarding Common Ownership;
4. Copy of Declaration Under 37 CFR 1.132 by Joel F. Habener, M.D.;
5. Petition for Five Months Extension of Time;
6. Request for Continued Examination (RCE) Transmittal; and
7. Return Post Card.

The Commissioner for Patents is hereby authorized to charge any fees to Deposit Account No. 16-0085, Reference 3284/1235. A duplicate of this transmittal letter is enclosed for this purpose.

Date: December 23, 2005

Respectfully submitted,

*Kathleen Williams*  
Reg #45,123 fr

Name: Kathleen Williams

Registration No.: 34,380

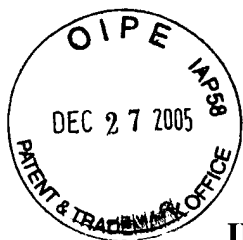
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Commissioner for Patents  
P.O. Box 1450  
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AMENDMENT TRANSMITTAL LETTER

Sir:

- Transmitted herewith is an amendment in response to the Office Action mailed on December 2, 2004 in the above-referenced patent application.

STATUS

- Applicant is  
☒ a small entity.  
☐ other than small entity.

EXTENSION OF TIME

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

<input checked="" type="checkbox"/>	Applicant petitions for an extension of time under 37 CFR 1.136		
	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	ONE month	\$120.00	\$60.00
<input type="checkbox"/>	TWO months	\$450.00	\$225.00
<input type="checkbox"/>	THREE months	\$1,020.00	\$510.00
<input type="checkbox"/>	FOUR months	\$1,590.00	\$795.00
<input checked="" type="checkbox"/>	FIVE months	\$2,160.00	\$1,080.00
		Fee	\$1,080.00

If an additional extension of time is required, please consider this a petition therefor.

- ☐ An extension for \_\_\_\_\_ has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

**OR**

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	34	minus	74	0	x \$50	0.00
INDEPENDENT CLAIMS	23	minus	22	1	x \$200	200.00
MULTIPLE DEPENDENT CLAIM ADDED	Yes				\$360	360.00
					<b>TOTAL</b>	<b>560.00</b>
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.					<b>SMALL ENTITY TOTAL</b>	<b>280.00</b>

- (c) ☐ No additional fee for claims is required.

**OR**

- (d) ☒ Total additional fee for claims required \$280.00

### FEE PAYMENT

5. ☐ Attached is a check in the sum of \$
- ☒ Charge the amount of \$280.00 to Deposit Account No. 16-0085, Reference No. 3284/1235 and any additional necessary fees. A duplicate of this transmittal is attached.

Respectfully submitted,

Serial No.: 09/963,875

Page 3

Date: December 23, 2005

*Elizabeth MS Reg # 45,123 for*

Name: Kathleen M. Williams

Registration No.: 34,380

Customer No.: 29933

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